

How To Fill Out the Open Window Budget Form for TPPI

Overview of Tabs:

Worksheet (Tab) 1: Provider Budget Worksheet

Worksheet (Tab) 2: Salary and Fringe Worksheet

Worksheet (Tab) 3: Subcontractor Budget Worksheet

Worksheet (Tab) 1: Provider Budget Worksheet

Note: Only enter information in yellow shaded cells only. Do NOT enter or delete anything in blue shaded cells.

Note: Enter dollars and justifications that will use State Funds only. (You will not enter any dollars contributed by Local Match until the very end of the form).

Keep in mind: Budget narratives should show calculations for all budget line items and should clearly justify/explain the need for these items. Budget costs should be in accordance with State rates, reasonable and justifiable. Budget must support the Scope of Work activities and objectives.

Category	Line Item	Amount	Detail	Narrative
Human Resources				
	Salary/Wages	\$ -	detail	0
	Fringe Benefits	\$ -	detail	0
	Other			
Total Human Resources		\$ -		
Operational Expenses/Capital Outlays				
Supplies and Materials				
	Furniture			
	Other			
Equipment				
	Communication			
	Office			
	IT			
	Assistive Technology			
	Medical			
	Vehicles			
	Scientific			
	Other			
Travel				
	Provider Staff			
	Board Members Expense			
Utilities				
	Gas			
	Electric			
	Telephone			



Worksheet (tab) 1

Contract Number: Leave this section blank. A contract number will be assigned to each agency selected for funding at a later date.

Provider: Please insert your agency's full Legal Name.

Human Resources:

This section should be filled out for all employees of the agency, including full-time and part-time staff. Annual values must be used – do NOT prorate any of these items. The spreadsheet will prorate for you based on the number of months and percentage of time entered for each staff.

Salary/Wages: Do not enter anything into the shaded blue boxes. Click on word “detail” to complete the required Worksheet # 2: Salary and Fringe. The information you enter into Worksheet (Tab) #2: Salary and Fringe will carry over to the Worksheet (Tab) #1: Providers Budget. Worksheet (Tab) #1 will show a Salary Subtotal of the personnel included on the grant.

Fringe Benefits: Do not enter anything into the shaded blue boxes. Click on word “detail” to complete the required Worksheet # 2: Salary and Fringe. The information you enter into Worksheet (Tab) #2: Salary and Fringe will carry over to the Worksheet (Tab) #1: Providers Budget. Worksheet (Tab) #1 will show a Fringe Subtotal of the personnel included on the grant.

Other: Other would be used to document other payments to an employee of the agency that are considered salary or fringe. For example: stipend

Total Human Resources: This field will automatically calculate the totals from Salary/Wages, Fringe Benefits, and other to give you the total amount for the Human Resources Category.

Operational Expenses/Capital Outlays:

Note: For all expenses that fall under the Operational Expenses/Capital Outlays Category enter to the total amount in the yellow shaded box. Then include a detail narrative in the pink shaded box to justify the total amount declared in the yellow shaded box. Budget narratives must show calculations for all budget line items and must clearly justify/explain the need for these items.

You can add additional lines when necessary. For more details on how to add additional lines to a workbook, please look under the “help” option in Excel.

The next section will highlight, define and give examples for each line item. The examples listed below are to give you an idea of items that are allowable per the Teen Pregnancy Prevention Initiative (TPPI) Grant. **The items below are not required; they are just listed as examples. If you need clarity please contact one of Program Consultants or the TPPI Lead for additional details.**

Supplies and Materials:

Furniture: Desk, Bookshelves, chair, file cabinets, etc.

Other: Additional items purchased for Supplies and Materials such as educational items (Curriculums), Office supplies, Postage, etc.

Justification Sample: Routine office supplies: \$50 per person per month (2 staff members @ \$50 x 12 = \$1,200).

2 cartridges for laser printer @ \$50 = \$100.

Equipment: (May not exceed \$2,000 per item.)

Equipment is for items that are purchased outright, not rented or leased.

Communication: Phone, Fax Machine, Cell Phone. Note: this is not monthly usage, but rather the initial purchase of these items. Monthly usage should be entered under Utilities.

Office: Copier Machine

IT: Personal Computers, laptops, scanner, desk printers, PC Speakers

Assistive Technology: assistive, adaptive and rehabilitative devices for people with disabilities examples: hearing aids. (Call/Email one of TPPI Consultants before you include any amount in this line item)

Medical: Blood Cuff, syringe, HIV Testing kits, Glucose testing kits. (Call/Email one of TPPI Consultants before you include any amount in this line item)

Vehicles: May not exceed \$2,000 per item. (Call/Email one of TPPI Consultants before you include any amount in this line item)

Scientific: Centrifuge, Microscope.

Other: Use this for any equipment item that does not fit in one of the defined categories above.

Justification Sample: Desktop Computer: 2 Computers @ \$500/each = \$1,000
2 laser printer @ \$150 = \$300.

Travel:

Effective July 1, 2011 rates maybe not exceed the following:

Mileage rate: \$0.555/mile;

In-state meals - \$8.00 breakfast, \$10.45 lunch, \$17.90 dinner;

In-state lodging (excluding tax) \$63.90/night;

Out-of-state meals - \$8.00 breakfast, \$10.45 lunch, \$20.30 dinner;

Out-of-state lodging (excluding tax) \$75.60/night;

Breaks - The state can only reimburse \$4.50 per day for breaks for sponsored events; 20 persons must be in attendance for breaks to be charged to state funds.

Provider Staff: Include any travels, meals, mileage for staff members listed under the salary and fringe section.

Board Members Expense: Include meals or break service CAC members.

Justification Sample: Overnight accommodations for Program Coordinator and Program Assistant to attend meetings/trainings (2 nights x \$63.90) Lodging Grand Total: \$127.80.

Utilities: (If not included in the rent)

Gas:

Electric:

Telephone: Monthly Phone or Cell service

Water:

Other: Use this for any utility item that does not fit in one of the defined categories above, such as Internet Service

Justification Sample: Prorated share of electric bill: 25% of \$100 monthly cost; 12 months x \$25 = \$300.

Repair and Maintenance: Custodial Services or basic Repairs and Maintenance not billed in the Professional Service area.

Justification Sample: Custodial Services for services and maintenance of space used by programs and Program Coordinator's office @ 12 months x \$65 = \$780.

Staff Development: Conference, Workshops, Continuing Education.

Justification Sample: Quarterly training costs for staff (2 staff x \$75 per class x 4 classes = \$600).

Media/Communications:

Advertising: Newspaper, Billboard, etc.

Audiovisual Presentations, Multimedia, TV, Radio Presentation.

Logos: Cost associated to create a program logo.

Promotional Items: Any items used to promote program to general public.

Publications: Printed documents, Program brochures.

PSAs and Ads: Short Ads on TV, Radio, etc.

Reprints: Duplication copies of handouts during program sessions.

Text Translation: Cost associated with translation of documents into another language.

Websites and Web Materials: Cost to create website, maintain website, etc.

Justification Sample: Program flyers for community program (1000 @ \$.10 = \$100); duplication/reprints for program sessions (400/month @ \$.05 = \$240).

Rent:

Office Space: Office Space, Program Meeting Space – must include square footage.

Equipment: This category is for equipment that is rented or leased, such as a Copier Machine or Phone System.

Furniture: Desk.

Vehicles: Cars, Van, Buses.

Other: Use this for any rented or leased item that does not fit in one of the defined categories above that is necessary per the grant deliverables.

Justification Sample: Example 1: Prorated rent: 25% of \$1,600 monthly rent (12 months @ \$400 = \$4,800).

Example 2: Square feet rented: 3,000 @ \$10/sq ft. = \$30,000. Prorated share: 25% = \$7,500).

Professional Services:

These are services that are purchased to support the overhead of the agency.

Legal:

IT:

Accounting:

Payroll:

Security:

Dues and Subscriptions: Dues and or Subscriptions in non-profit associations, Healthy Teen Network, etc.

Justification Sample: 1 Organizational Membership to Healthy Teen Network x \$250 = \$250.

Other:

Audit Services: Cost associated with annual financial audits performed.

Service Payments: Costs associated with a retained service such as maintenance, computer repair service, etc.

Incentives and Participants: Costs associated with: Incentive Items given to participants or comparison group members; Participant Costs (field trips, enrichment activities, etc.); Open Houses; Parents' Nights, etc.

Insurance and Bonding: Liability Insurance to cover staff and participants while field trip or daily activities.

Other: Use this for any item that does not fit in any other category. Sponsored Meetings (Parents Night, Open House), etc.

Justification Sample: 100 backpacks for participants x \$8.00 = \$800.

Total Operational Expenses/Capital Outlays: This field will automatically calculate the totals from everything included under the Operational Expenses/Capital Outlays to give you the total amount for the Operational Expenses/Capital Outlays Category.

Reminder: Only enter information in yellow shaded cells only. Do NOT enter or delete anything in blue shaded cells.

Subcontracting and Grants: Use this tab to enter any subcontracts necessary to perform Program-related work. Note: do not include any Professional Services (legal, accounting) as they are captured in the "Professional Services" category listed above. The information you enter into Worksheet (Tab) #3: Subcontractor Budget will carry over to the Worksheet (Tab) #1: Providers Budget.

Indirect Cost: Enter the total amount of Indirect Cost in the yellow box. Then in the pink area please justify what is designated an indirect cost per this grant.

Please read before declaring indirect cost: If indirect cost is requested, appropriate documentation is required, which consists of either:

1. a copy of the indirect cost approval letter to the contractor from the cognizant federal agency or
2. a letter from a certified public accountant that establishes this rate for the agency.

Per NC DPH Policy:

Indirect costs may not exceed 10% of the total direct cost;

Indirect costs may not be charged in contracts for direct medical services;

Indirect costs may not be charged when it is unallowable by program legislation, the procurement process (RFAs/RFPs), or the grant itself.

If you need additional details about indirect cost, please contact one of the Program Consultants or TPPI Team Lead.

Federal Share: Leave this section blank. The TPPI staff will enter the total amount of Federal Funds awarded (if applicable).

Provider Match: This is the only entry in the budget that should account for Local Match dollars, required by TPPI. Enter the total amount of Local Match required per grant Adolescent Parenting Program, \$14,000 or Adolescent Pregnancy Prevention Program, \$25,000 in the yellow box. Then complete the justification for local match items in the pink justification area.

Total Budget Expenditures: The field will automatically calculate the totals from Human Resources, Operational Expenses/Capital Outlays, Subcontracting/Grants, Indirect Cost, and Provider Match to give you the total amount.

Worksheet (Tab) 2: Salary and Fringe

Microsoft Excel - OpenWindowBudgetWorksheet rev092611.xls [Read-Only]

File Edit View Insert Format Tools Data Window Help

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Reply with Changes... End Review...

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	A	B	C	D	E	F	G	H
1	Salary & Fringe Worksheet				Contract Number:		0	
3	Provider:							
4	Complete this form such that amounts for state funds are shown when entering line item detail. Add rows as needed.							
5	Enter information in yellow shaded cells only. Do NOT enter anything in blue shaded cells. The blue cells contain formulas that are NOT to be							
6	Use the Salary Section to fill out the Salary Detail Worksheet (located in the Provider Budget in Open Window).							
7	PERSONNEL - SALARY (Provide the total annual amounts for each person listed (all should be employees of organization). The formula will calculate the amount to come from the contract)	Hourly Rate (dollars per hour)	Annual Rate	OR	Annual Salary if using hourly rate, do NOT enter a salary	Months Worked on this Contract	Percent of Time Worked on this Contract %	Budgeted Amounts, State Funds
8	Enter title in this cell		\$ -	or				\$ -
9	Enter title in this cell		\$ -	or				\$ -
10	Enter title in this cell		\$ -	or				\$ -
11	Enter title in this cell		\$ -	or				\$ -
12	Enter title in this cell		\$ -	or				\$ -
13	Enter title in this cell		\$ -	or				\$ -
14	Enter title in this cell		\$ -	or				\$ -
15	Enter title in this cell		\$ -	or				\$ -
16	Enter title in this cell		\$ -	or				\$ -
17	Enter title in this cell		\$ -	or				\$ -
18	(For more staff, copy a row above, then insert the copied cell.)							
19	Salary Subtotal							\$ -
20	Narrative - enter in pink area brief description name and duties for each staff listed above.							
21								
22								
23	Use the Fringe Section to fill out the Provider's Fringe Benefits (located under the Provider - Manage Details Screen in Open Window).							
	PERSONNEL - FRINGE BENEFITS (Provide the total annual amounts for each)	FICA	Retirement/ 401K, etc.	Health/ Medical	Unemployment Insurance	Worker's Comp	Other (give detail here)	Budgeted Amounts, State Funds

ProviderBudget SalaryandFringe SubcontractorBudget



Worksheet (Tab) 2

Note: Only enter information in yellow, pink or white shaded cells box. Do NOT enter or delete anything in blue shaded cells.

Contract Number: This information will carry over from Worksheet (tab) 1: Provider Budget

Provider: This information will carry over from Worksheet (tab) 1: Provider Budget

Personnel Salary: Provide the Names and Position Title.

Note: You can opt to either enter personnel salary as a Hourly Rate or Annual Salary.

OR

Pink Narrative Box: Provide justification of all personnel and briefly describe the duties.

Personnel Name and Titles: Will carry down from the Salary/Hourly Rate field, above.

Pink Narrative Box: Provide justification narrative for fringe, only if necessary (i.e. explaining what “Other” is and how it is calculated).

Worksheet (Tab) 3: Subcontractor Budget

Microsoft Excel - OpenWindowBudgetWorksheet rev092611.xls [Read-Only]

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Contract Number: 0

Complete this form such that amounts for state funds are shown when entering line item detail. Add rows as needed. Enter information in yellow and pink shaded cells only. Do NOT enter or delete anything in blue shaded cells. The aqua cells contain formulas that are NOT to be overridden.

Category	Line Item	Amount	Detail	Narrative
Human Resources				
	Salary/Wages			
	Fringe Benefits			
	Other			
Total Human Resources		\$ -		
Operational Expenses/Capital Outlays				
Supplies and Materials				
	Furniture			
	Other			
Equipment				
	Communication			
	Office			
	IT			
	Assistive Technology			
	Medical			
	Vehicles			
	Scientific			
	Other			
Travel				
	Provider Staff			
	Board Members Expense			
Utilities				
	Gas			
	Electric			
	Telephone			
	Water			

ProviderBudget SalaryandFringe SubcontractorBudget



Worksheet (Tab 3)

Note: Only enter information in yellow, pink or white shaded cells box. Do NOT enter or delete anything in blue shaded cells.

Enter all the data required for any Subcontractor(s). Subcontractors are agencies or individuals who are contracted (by the Grantee) to perform program-related direct services. Do not enter items such as Bookkeeper, Auditing, Legal Services, etc. under “Subcontractor”; enter them under the “Professional Services” section of Tab 3.

There is only one tab for all the Subcontractors. Total all the Salaries/Equipment/Travel, etc. for all the Subcontractors and enter that amount in the appropriate line, using the same guidelines for each line item as previously outlined. The Justification for each line item must spell out exactly how much is going to which Subcontractor at what rate.

Subcontractor Salary Justification Sample (Total \$4,480): Sally Jones will serve as the Peer Youth Trainer, she will prepare materials and deliver the curriculum: \$40 per hour for 2 hours a week for 32 weeks = \$2,560. ABC Babysitting Services will provide licensed, insured child care workers for these sessions: \$15 per hour x 2 child care workers x 2 hours x 32 weeks = \$1,920.

BEFORE YOU PRINT:

Make sure print a sample to proofread prior to submitting your budget. It is advisable to run a spell check on all tabs and proofread each worksheet to eliminate spelling and grammatical errors. It will also be helpful to have a staff member (who is not involved with creating the budget) look it over for clarity and use an adding machine or calculator to verify the arithmetic in the budget – especially in the justification narratives.

Additionally, some rows may need to be expanded if a lot of text has been entered (e.g. the rows that contain justification narrative). Be sure to look at your print out carefully and expand the row as needed to ensure that all the text entered in the cell has printed. To expand the row, click the row so it's highlighted, then move your cursor toward the bottom of the row until you see this boundary symbol⇅, then drag the boundary down until the row is the height that you want.

For long justification narratives, you may need to do more than expand the cells. After a certain character limit, Excel will not auto-wrap cell contents and you may need to manually enter a hard carriage return. To do this in Excel, press the keys Alt + Enter at the end of each line. Excel moves to the next line—but not the next cell. You will likely then need to expand the height of your cell to include all the text entered.

Expanding the cells and entering manual returns where needed allows the reviewers to view all the details included in the pink justification field. The TPPI team will not be held responsible for any information hidden within the cells.

Be sure to save your revisions.

Print all worksheets that contain information for submission to the TPPI team.